

# William A. Hinton State Laboratory Institute

## OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: \_\_\_\_\_ Employee #: \_\_\_\_\_

Department: \_\_\_\_\_

Date(s) of overtime work: \_\_\_\_\_

# of hours requested: \_\_\_\_\_

Why work cannot be completed during regular hours: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Overtime is to be: ☐ paid at OT rate ☐ added to comp time balance ☐  
(if OT rate, complete below)

OT Account: \_\_\_\_\_

### Approval:

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Denial reason: \_\_\_\_\_

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned